

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Office of Personnel**

District Personnel Manual Issuance System

This instruction should be filed behind the divider for Part III of DPM Chapter(s) 12
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DPM Instruction No. 12-16

SUBJECT: Procedures on Family and Medical Leave under the
D.C. Family and Medical Leave Act

Date: December 10, 2001

NOTE: This instruction supersedes DPM Instructions No. 12-5, dated April 1, 1991 and No. 12-6, dated May 6, 1991, and rescinds DPM Instruction No. 8-9 and 9-5, dated November 17, 1986.

1. Scope

The purpose of this instruction is to set forth the procedures that personnel authorities are to follow in granting leave to employees under the provisions of the District of Columbia Family and Medical Leave Act of 1990. This instruction applies to all personnel authorities of the District of Columbia government except the District of Columbia Board of Education, the Board of Trustees of the University of the District of Columbia, the District of Columbia School of Law and the District of Columbia Court System. The District of Columbia Board of Education, the Board of Trustees of the University of the District of Columbia, the District of Columbia School of Law and the District of Columbia Court System are responsible for implementing this Act for their employees.

2. Authority

The District of Columbia Family and Medical Leave Act of 1990 (D.C. Law 8-181), effective October 3, 1990; D.C. Official Code § 32-501 *et seq.*; and Chapter 16 of Title 4, District of Columbia Municipal Regulations.

3. Applicability

The District of Columbia Family and Medical Leave Act of 1990 (the D.C. FMLA) is applicable to all employers in the District of Columbia employing 20 or more employees. Under the D.C. FMLA, the District of Columbia government is considered a single employer. Therefore, the D.C. FMLA is applicable to every agency of the District of Columbia government without regard to its individual size.

4. Employee Eligibility for Family and Medical Leave

(a) For the purposes of family and medical leave, an eligible employee is an individual who:

- (1) has been employed by the District of Columbia government for one year without a break in service except for regular holidays or leave; and
- (2) has worked at least 1000 hours during the 12-month period immediately preceding the request for family or medical leave.

Note: DPM Instructions that are strictly procedural in nature have direct applicability only to agencies and employees under the personnel authority of the Mayor. Other personnel authorities or independent agencies may adopt any or all of these procedures or guidance materials for agencies and employees under their respective jurisdictions. [See DPM Chapter 2, Part II, Subpart 1, § 1.3.]

Inquiries: Office of Compensation and Benefits, (202) 442-9655

Distribution: Heads of Departments and Agencies, Personnel Officers, and DPM Subscribers

Retain Until Superseded

- (b) An employee of the Metropolitan Police Department, the Fire and Emergency Medical Services Department and the Department of Corrections is eligible for family and medical leave to the same extent as any other employee of the District government.

5. Definitions

The following terms have the meanings ascribed:

- (a) Committed relationship—a familial relationship between two individuals demonstrated by such factors as, but not limited to, mutual economic interdependence including joint bank accounts, shared lease, joint tenancy, and joint and mutual financial obligations such as loans, domestic interdependence including close association, public presentment of the relationship, exclusiveness of the relationship, length of the relationship, and the intent of the relationship as evidenced by a will or life insurance.
- (b) Child—any person under 21 years of age; also any person who, though 21 years of age or older, is substantially dependent upon the eligible employee by reason of physical or mental disability; and any person under 23 years of age who is a full-time student at an accredited college or university.
- (c) Family member—a person to whom the eligible employee is related by blood, legal custody, or marriage; a foster child; a child who lives with the eligible employee and for whom the eligible employee permanently assumes and discharges parental responsibility; or a person with whom the eligible employee shares or has shared, within the last year, a mutual residence and with whom the eligible employee maintains a committed relationship.
- (d) Health care provider—any person licensed under federal, state, or District law to provide health care services.
- (e) Reduced leave schedule—family leave that, based on the mutual agreement of the employee and his or her agency, is scheduled for a fewer number of hours than an employee is officially scheduled to work each workweek or workday. Family leave on a reduced leave schedule must be taken within a period that does not exceed 24 consecutive workweeks.
- (f) Serious health condition—a physical or mental illness, injury, or impairment that involves inpatient care in a hospital, hospice, or residential health care facility, or continuing treatment or supervision at home by a health care provider or other competent individual. Examples of a serious health condition include, but are not limited to, heart attacks, heart conditions requiring heart bypass or valve operations, most cancers, back conditions requiring extensive therapy or surgical procedures, strokes, severe respiratory conditions, spinal injuries, appendicitis, pneumonia, emphysema, severe arthritis, severe nervous disorders, lupus, AIDS, injuries caused by serious accidents off the job, ongoing pregnancy, miscarriages, complications or illnesses related to pregnancy, prenatal care, childbirth, and recovery from childbirth.

6. General

- (a) The D.C. FMLA entitles eligible employees to 16 weeks of unpaid family leave over a 24-month period for the birth of a child or for the placement of a child in the employee's care, or to care for a family member with a serious health condition; and up to 16 weeks of unpaid medical leave over a 24-month period when the employee is unable to perform his or her job because of a serious health condition.¹ Therefore, an employee who is on family or medical leave is considered in a leave-without-pay (LWOP) status except as otherwise provided in this instruction.

¹ In addition, employees of the District of Columbia government are covered by the federal Family and Medical Leave Act (federal FMLA) (29 U.S.C. 2611 *et seq.* and 29 C.F.R. 825.100 *et seq.* (2000)). The federal FMLA does not supersede any

- (b) On the date an employee begins using family or medical leave under the D.C. FMLA, the 24-month utilization period for that leave begins.
- (c) When an employee is on family or medical leave and is carried in a LWOP status, his or her employee health benefits will continue, provided the employee continues to make his or her contributions to the group health plan.
- (d) Upon return to duty following an absence on family or medical leave, an employee must occupy the same position he or she occupied immediately prior to the absence on family or medical leave, or an equivalent position.

7. Tour of Duty

- (a) For the purpose of this instruction, the 16-week entitlement to family and medical leave is to be reduced to an hourly equivalent based on each employee's tour of duty as indicated on his or her Personnel Action Form. For a full-time employee who works 40 hours per week, the 16-week hourly equivalent is 640 hours (40 hours times 16 weeks equals 640 hours). For other tours of duty, including part-time tours of duty, the hourly equivalent is to be prorated by multiplying the employee's weekly tour of duty times the 16-week entitlement. For example, for a part-time employee whose weekly tour of duty is 32 hours, the 16-week hourly equivalent is 512 hours (32 hours times 16 weeks equals 512 hours). (See Attachment 1 for a proration chart.)
- (b) During the 24-month utilization period, an employee's regularly scheduled tour of duty may change and, as a result, the total number of hours of leave to which the employee is entitled will also change.

Example

Employee A is a part-time employee who works 20 hours per week. Employee A uses 6 consecutive weeks (120 hours) of medical leave and then returns to his part-time position. (The 24-month medical leave utilization period for Employee A began on the first day of absence on medical leave.) Shortly after returning to his position from the 6 weeks of medical leave, Employee A applies for and accepts employment to a full-time, 40-hour-per-week position. Several months after beginning his full-time tour of duty, employee A has another medical need, and requests and uses the remaining 10 weeks of medical leave to which entitled. Employee A's medical leave as a full-time, 40-hour-per-week employee now has an hourly equivalent value of 400 hours (40 hours times 10 weeks equals 400 hours). Upon return to his full-time position following the 10 weeks of medical leave, employee A has exhausted his 24-month entitlement to medical leave.

Employee A used 6 weeks (120 hours) of medical leave as a part-time employee and 10 weeks of medical leave (400 hours) as a full-time employee. In this example, employee A used all 16 weeks of medical leave to which entitled, even though he only used 520 hours of medical leave. Employee A has no further entitlement to medical leave under the D.C. FMLA during the 24-month period that began on the first day of his initial 6-week absence.

provision of the D.C. FMLA that provides greater family or medical leave rights (see 29 U.S.C. 2651-2653 and 29 C.F.R. 825.701). Under the federal FMLA, an employee who has satisfied the eligibility requirements is entitled to a total of 12 workweeks of leave during any 12-month period (29 U.S.C. 2612). If leave qualifies under both the D.C. FMLA and federal FMLA, the leave used counts against the employee's entitlement under both laws. Also, because the D.C. FMLA provides, for example, 16 weeks of medical leave entitlement over a 24-month period, an "eligible employee" may be entitled to use 16 weeks of medical leave the first year under the D.C. FMLA and 12 weeks the second year under the federal FMLA (see 29 C.F.R. 825.701). Further information on the federal FMLA may be obtained by contacting the local office of the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division (website: www.dol.gov/dol/esa/).

- (c) While an employee's regularly scheduled tour of duty may change during the 24-month leave utilization period, the employee's tour of duty must not be changed while he or she is in a family or medical leave status.

8. Family Leave

- (a) An employee is entitled to a total of 16 workweeks of family leave during any 24-month period for:

- (1) the birth of a child of the employee;
- (2) the placement of a child with the employee for adoption or foster care;
- (3) the placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility; or
- (4) the care of a family member of the employee who has a serious health condition. The request for family leave must be supported by a medical certification of the serious health condition issued by the family member's health care provider (see Attachment 2).

- (b) Family leave for the birth of a child, the placement of a child with the employee for adoption or foster care, or the placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility must commence within 12 months of the birth of the child or placement of the child with the employee. If family leave does not commence within 12 months of the birth of a child or placement of a child with the employee, the employee's entitlement to family leave for that event is forfeited.

- (c) Family leave may be taken:

- (1) as a block of time (*i.e.*, 2 weeks, 13 consecutive days, 6 weeks, *etc.*); or
- (2) on a reduced leave schedule upon mutual agreement of the employee and his or her agency.

A reduced leave schedule represents a temporary change to an employee's regular work schedule so as to accommodate the employee's regular and recurring need for family leave on a less than full-time basis. For example, a full-time employee's Monday through Friday regular work schedule may be changed to Monday, Wednesday, and Friday to accommodate the employee's need for family leave on Tuesday and Thursday. A reduced leave schedule does not represent a change to the employee's regularly scheduled tour of duty. However, when taken on a reduced leave schedule, the 16 weeks of family leave must be taken within a period that does not exceed 24 consecutive workweeks.

- (d) If two family members are employed in the same office, division, subdivision, or other organizational subdivision of an agency and both employees have the same or interrelated duties so that the absence of the employees would unduly disrupt agency business, the agency may limit the aggregate family leave to 16 workweeks within a 24-month period. Likewise, the agency may limit the aggregate family leave that the employees may take simultaneously to 4 workweeks during a 24-month period. The family leave taken under the provisions of this paragraph may be taken as a block of time, on a reduced leave schedule, or intermittently. This is a statutory provision that is not likely to have an effect on the District government.
- (e) An employee who is on family leave will be considered in a LWOP status except as provided below:

- (1) An employee may elect to use any annual leave or compensatory time to his or her credit for family leave. However, should the employee elect to use annual leave or compensatory time for family leave, that leave will count against the 16-workweek family leave entitlement.
- (2) An employee may make application to receive annual leave pursuant to the provisions of the District of Columbia Government Leave Bank Amendment Act of 1990, or pursuant to the provisions of a leave bank program contained in a collective bargaining agreement, because of a medical emergency. However, any leave credited to an employee pursuant to the provisions of such program will count against the 16-workweek family leave entitlement.

9. Medical Leave

- (a) An employee who is unable to perform the functions of his or her position because of a serious health condition is entitled to medical leave for as long as the employee is unable to perform his or her job functions; except that the medical leave must not exceed 16 workweeks during any 24-month period. The request for medical leave must be supported by a medical certification of the serious health condition issued by the employee's health care provider.
- (b) An employee who is on medical leave is considered in a LWOP status except as provided below:
 - (1) An employee may elect to use any sick leave to his or her credit for medical leave. However, should the employee elect to use sick leave for medical leave, that leave will count against the 16-workweek family leave entitlement.
 - (2) Based on the mutual agreement of the employee and his or her agency, the employee may use any annual leave or compensatory time to his or her credit for medical leave. However, should the employee use annual leave or compensatory time for medical leave, that leave will count against the 16-workweek medical leave entitlement.
 - (3) An employee may make application to receive annual leave pursuant to the provisions of the District of Columbia Government Leave Bank Amendment Act of 1990, or pursuant to the provisions of a leave bank program contained in a collective bargaining agreement, because of a medical emergency. However, any leave credited to an employee pursuant to the provisions of such program will count against the 16-workweek medical leave entitlement.
- (c) Medical leave may be taken as a block of time (*i.e.*, 4 weeks, 6 weeks, 16 weeks, *etc.*) or intermittently when medically necessary. Medical leave taken intermittently may be taken over a 24-month period.

10. Medical Certification of Serious Health Condition

- (a) An employee's request for family leave to care for a family member with a serious health condition, or for medical leave due to his or her own serious health condition, must be supported by a medical certification issued by the family member's health care provider or the employee's health care provider, as appropriate (see Attachment 2 for an optional Medical Certification form). The employee must provide the medical certification to his or her agency.
- (b) The medical certification may only be used for the purpose of making a decision with regard to requests for family and medical leave; and all information obtained from the medical certification must be kept confidential.
- (c) The medical certification must state:

- (1) the date on which the serious health condition commenced;
 - (2) the probable duration of the condition;
 - (3) the appropriate medical facts within the knowledge of the health care provider that would necessitate the employee to take family or medical leave; and
 - (4) for the purposes of family leave, an estimate of the amount of time that the employee is needed to care for the family member; or
 - (5) for the purposes of medical leave, a statement that the employee is unable to perform the functions of his or her position. **[NOTE:** Should the agency and employee mutually agree to alternative employment for the duration of the employee's serious health condition, the agency may request that the medical certification for medical leave also include an explanation of the extent to which the employee is unable to perform the functions of his or her position.]
- (d) The agency may require the employee to obtain the opinion of a second health care provider. The opinion of the second health care provider will be at the expense of the agency.
- (e) If the second opinion required by the agency differs from the medical certification provided by the employee, the employee may obtain the opinion of a third health care provider who has been mutually agreed upon by the employee and the employer. The opinion of the third health care provider will be at the expense of the agency and is binding on the employee and the agency.
- (f) The health care provider mutually agreed upon for second and third opinions must not be retained on a regular basis by the District of Columbia government or the employee, or otherwise bear a close relationship to the District of Columbia government or the employee, so as to give the appearance that the medical certification is biased.
- (g) The agency may require the employee to obtain subsequent recertifications on a reasonable basis, to include a fitness-for-duty certificate from the employee's health care provider indicating that he or she is able to resume work.

11. Requests for Family and Medical Leave

- (a) When the need for family or medical leave is foreseeable (that is, the employee knew or should have known of the need) because of planned medical treatment or supervision, the employee must:
- (1) provide his or her agency with a written request for family or medical leave 30 days prior to the beginning date of the leave; and
 - (2) make a reasonable effort to schedule medical treatment or supervision, subject to the approval of the health care provider of the employee or family member, in a manner that does not unduly disrupt the operations of the agency.
- (b) When the circumstances leading to the need for family or medical leave cannot be reasonably foreseen, the employee must provide his or her agency with either an oral or written request as soon as possible, but not more than two business days after the date the family or medical leave began. An oral request must be followed up with a written request at the earliest practicable date.
- (c) Written requests for family and medical leave are to be made on the Request for Family/Medical Leave form attached to this instruction (Attachment 3). The employee must submit an original

and three copies of the form to the agency director or his or her designee. The agency will approve or disapprove the application as expeditiously as possible.

- (d) The agency shall preserve the confidentiality of information relating to the circumstances and the particular reasons for the employee's request for family or medical leave.

12. Recording Family and Medical Leave

- (a) Records must be kept of each employee's use of family or medical leave; and of any alternative employment in lieu of medical leave. The employee Family/Medical Leave Use Report form attached to this instruction (Attachment 4) must be used by agencies to record each employee's family and medical leave usage. The report should indicate the beginning and end of the 24-month entitlement period.
- (b) Each agency is responsible for maintaining the following employee records documenting:
 - (1) the cost to the agency for any expense incurred to temporarily replace an employee, if any, during the time the employee is absent on family or medical leave;
 - (2) the cost to the agency for the employer's share of employee health benefits, if any, during the time the employee is absent on family or medical leave;
 - (3) the length of family or medical leave taken by the employee;
 - (4) the salary and grade level of the employee who has taken family or medical leave;
 - (5) the reason(s) the employee took family or medical leave;
 - (6) the employee's request and supporting documentation for family and medical leave; and
 - (7) if applicable, the alternative employment, and the length of the alternative employment, provided to the employee in the place of medical leave (see Attachment 5).

13. Employment and Benefits Protection

- (a) Any employee who takes family or medical leave must, upon completion of the leave, return to the same position he or she held when the family or medical leave commenced, or to an equivalent position.
- (b) The employee's coverage under his or her group health insurance program will continue during his or her absence on family or medical leave; provided the employee continues to pay the employee contribution. An employee who formally elects to cancel his or her health benefits cannot re-enroll in a health benefit program until the earlier of the next health benefits "open season" or upon satisfying a health benefits enrollment event. The employee must provide written notice of his or her election to either continue or terminate his or her health benefits (see Attachment 6).

14. Alternative Employment

- (a) An agency may provide alternative employment to an employee with a serious health condition, provided:
 - (1) the employee and the agency mutually agree to the alternative employment;

- (2) the employee provides supporting medical certification from his or her health care provider that provides an explanation of the extent that the employee is unable to perform the functions of his or her position; and
 - (3) such alternative employment is for the duration of the employee's serious health condition.
- (b) When an employee and his or her agency agree to alternative employment, the period of alternative employment will not cause a reduction in the amount of medical leave to which the employee is entitled.
 - (c) When the employee is able to perform the functions of his or her original position, the employee must return to his or her original position, or to an equivalent position.
 - (d) An agency is to document the alternative employment and the duration of it provided to an employee in lieu of medical leave. The alternative employment is to be documented on the Alternative Employment Record Form (Attachment 5).

15. Administrative Enforcement Procedure and Mediation

- (a) Any employee who has a complaint concerning a denial of rights under the D.C. FMLA may file a written complaint with the Office of Human Rights; but the complaint must be filed by the employee within one year of the occurrence or discovery of the alleged violation of the D.C. FMLA.
- (b) An employee who is filing a complaint may elect to have the complaint mediated pursuant to the provisions of § 1603 of Title 4 of the District of Columbia Municipal Regulations (DCMR) as an alternative to the investigative process provided for in § 1604 of Title 4 of the DCMR.
- (c) The enforcement procedure contained in Chapter 16 of Title 4 of the DCMR is the only administrative procedure that may be utilized to resolve an alleged violation of the D.C. FMLA. No other complaint resolution procedure, including, but not limited to, Chapter 16 of the District Personnel Manual and negotiated grievance procedures contained in collective bargaining agreements, may be used to resolve an alleged violation of the D.C. FMLA.

16. Notice of Employee Rights Under the District of Columbia Family and Medical Leave Act

Each agency must conspicuously post and maintain a notice to employees providing pertinent information on the D.C. FMLA. The notice attached to this instruction (Attachment 7) is to be used for this purpose. Copies may be obtained by contacting the Office of Human Rights at (202) 727-4559.

17. Agency Records

- (a) Each agency shall maintain records to document, on an annual basis, the following:
 - (1) the total number of employees who have taken family or medical leave;
 - (2) the total cost to the agency for any expense incurred to temporarily replace employees, if any, during the time the employees were absent on family or medical leave;
 - (3) the total cost to the agency for the employer's share of employee health benefits, if any, during the time the employees were absent on family or medical leave;
 - (4) the total length of family leave taken by employees;

- (5) the total length of medical leave taken by employees;
 - (6) The total salary and the grade levels of employees who have taken family or medical leave;
and
 - (7) the total number of employees who were provided alternative employment, and the total length of the alternative employment, in the place of medical leave.
- (b) Agency records relating to family and medical leave requests shall be available for inspection by a representative of the Office of Human Rights during regular business hours at the agency's place of business.
- (c) Agencies shall report on an annual basis a summary of leave action taken. The report shall be in such form as the Office of Human Rights prescribes.


18. Effective Date

This instruction is effective immediately.

Milou Carolan
Director of Personnel

Attachments:

- 1) Proration Chart
- 2) Medical Certification Form (optional)
- 3) Request for Family/Medical Leave Form
- 4) Family/Medical Leave Use Report
- 5) Alternative Employment Record Form
- 6) Employee Health Benefits (FEHB & DCEHB) Options While in Nonpay Status
- 7) Notice: "Employees' Rights Under the District of Columbia Family and Medical Leave Act of 1990"

PRORATION CHART


Hours Worked per Week	24-Month Entitlement (hours)
1	16
2	32
3	48
4	64
5	80
6	96
7	112
8	128
9	144
10	160
11	176
12	192
13	208
14	224
15	240
16	256
17	272
18	288
19	304
20	320
21	336
22	352
23	368
24	384
25	400
26	416
27	432
28	448
29	464
30	480
31	496
32	512
33	528
34	544
35	560
36	576
37	592
38	608
39	624
40	640

Note: The hourly equivalent is determined based on the employee's tour of duty at the time leave commences.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Medical Certification by Health Care Provider

(D.C. Family and Medical Leave Act of 1990)

(When completed, this form goes to the employee)

1. Employee's Name	2. Patient's Name (if different from employee)
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3. Page 4 describes what is meant by a **"serious health condition"** under the D.C. Family and Medical Leave Act. Does the patient's condition¹ qualify under any of the categories described? If so, please check the applicable category.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____, or None of the above _____

4. Describe the **medical facts** which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories:

5. a. State the approximate **date** the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present **incapacity**² if different):

b. Will it be necessary for the employee to take work only **intermittently or to work on a less than full schedule** as a result of the condition (including for treatment described in Item 6 below)?

If yes, give the probable duration:

c. If the condition is a **chronic condition** (condition #4) or **pregnancy**, state whether the patient is presently incapacitated² and the likely duration and frequency of **episodes of incapacity**²:

¹ Here and elsewhere on this form, the information sought relates **only** to the condition for which the employee is taking FMLA leave.

² "Incapacity," for purpose of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

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6. a. If additional **treatments** will be required for the condition, provide an estimate of the probable number of such treatments.

If the patient will be absent from work or other daily activities because of **treatment** on an **intermittent** or **part-time** basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

- b. If any of these treatments will be provided by **another provider of health services** (e.g., physical therapist), please state the nature of the treatments:
- c. **If a regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (e.g., prescription drugs, physical therapy requiring special equipment):

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7. a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind?

- b. If able to perform some work, is the employee **unable to perform any one or more of the essential functions of the employee's job** (the employee or the employer should supply you with information about the essential job functions)? If yes, please list the essential functions the employee is unable to perform:

- c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**?
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8. a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation?
- b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery?
- c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable **duration** of this need:
- _____
-

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature

Date

A "**Serious Health Condition**" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. **Inpatient Care** – in a hospital, hospice, or residential health care facility.
(e.g., an overnight stay)
2. **Continuing Treatment** Required by a Health Care Provider³
(e.g., physical therapy)
3. **Pregnancy**
(e.g., ongoing pregnancy, miscarriages, complications or illnesses related to pregnancy, prenatal care, childbirth, recovery from childbirth).
4. **Chronic Conditions** Requiring Treatments by a Health Care Provider
(e.g., asthma, diabetes, epilepsy).
5. **Permanent/Long-term Conditions** Requiring Supervision by a Health Care Provider
(e.g., Alzheimer's, a severe stroke, terminal stages of a disease)
6. **Multiple Treatments (Non-Chronic Conditions)** Required by a Health Care Provider
(e.g., chemotherapy, radiation, dialysis)

This optional form may be used by employees to satisfy a mandatory requirement to furnish a medical certification (when requested) from a health care provider, including second or third opinions and recertification.

COMPLETED FORM GOES TO THE EMPLOYEE.

³ Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

- ☐ In a continuous block of time from _____ to _____.
- ☐ On a reduced leave schedule as mutually agreed to by my agency from _____ to _____. I understand that the 16 weeks of family leave on a reduced leave schedule must be taken within a period that does not exceed 24 consecutive workweeks.
- ☐ Intermittently in accordance with paragraph 8(d) of DPM Instruction No. 12-16.

Do you wish to continue your health benefits during the unpaid period of your family leave entitlement?

- ☐ Yes (I understand that I am responsible for continuing to pay my share of the health benefit premium.)
- ☐ No (Attach declination of benefits form). I understand that by canceling my health benefits enrollment I cannot re-enroll in the health benefits program until the earlier of (1) the next health benefits "open season," or (2) upon satisfying a health benefits enrollment event.

4. **TO BE COMPLETED IF APPLYING FOR MEDICAL LEAVE**

- A. I hereby request _____ hours of medical leave because of a serious health condition.
- B. I am requesting the following type(s) of leave for medical leave. (I understand that I may elect to use my accrued sick leave and, if agreed to by my agency, accrued annual leave, and/or compensatory time; and, in so using this leave, any sick leave, annual leave, and/or compensatory time will count against my total 16-workweek entitlement to medical leave.)
- ☐ Sick leave:* Number of hours _____
- ☐ Annual leave:* Number of hours _____
- ☐ Compensatory time off:* Number of hours _____
- ☐ Leave bank hours: Number of hours _____
- ☐ Leave without pay: Number of hours _____
- Total hours _____

* (You must file and attach form SF71, "Application for Leave," when requesting this type of leave.)

- C. The period of medical leave requested in 4A above is to be taken:

- ☐ In a continuous block of time from _____ to _____.
- ☐ Intermittently as medically necessary.

Do you wish to continue your health benefits during the unpaid period of your medical leave entitlement?

- ☐ Yes (I understand that I am responsible for continuing to pay my share of the health benefit premium.)
- ☐ No (Attach declination of benefits form). I understand that by canceling my health benefits enrollment I cannot re-enroll in the health benefits program until the earlier of (1) the next health benefits "open season," or (2) upon satisfying a health benefits enrollment event.

A medical certification of your "serious health condition," issued by your health care provider, must be attached to this application.

5. **CERTIFICATION**

I certify that the above statements are true to the best of my knowledge and belief and that I am eligible to participate in the District of Columbia Family and Medical Leave Act.

Signature

Date

TO BE COMPLETED BY THE EMPLOYING AGENCY

____ Approved ____ Disapproved

(Signature of Approving Official)

Date

DISTRIBUTION

Original—Personnel File

1 Copy—Employee

1 Copy—Agency T&A Office

1 Copy—Agency Reporting Office

DISTRICT OF COLUMBIA FAMILY/MEDICAL LEAVE USE REPORT

REPORTING AGENCY: _____ REPORTING PERIOD: 01/01/20____ TO 12/31/20____

NAME OF EMPLOYEE: _____ SOCIAL SECURITY NUMBER: _____

TITLE/SERIES: _____ GRADE/STEP: _____ SALARY: _____ HOURLY RATE: _____

IF LEAVE WITHOUT PAY, CONTINUE HEALTH BENEFITS: YES ____ NO ____ HEALTH BENEFIT CODE: _____ AGENCY WEEKLY COST: _____

TYPE OF LEAVE: FAMILY ____ MEDICAL ____ REASON FOR LEAVE: _____

FMLA 24-MONTH PERIOD: ____/____/____ TO ____/____/____ TOUR OF DUTY HOURS / FMLA ENTITLEMENT HOURS: ____ / ____

WEEK ENDING PERIOD	LEAVE						FMLA LEAVE				AGENCY COSTS					NOTES
	ANNUAL LEAVE	SICK LEAVE	LEAVE WITHOUT PAY	COMPENSATORY TIME	LEAVE BANK HOURS	TOTAL HOURS USED	FMLA HOURS PREVIOUSLY USED	FMLA HOURS USED TO DATE	TOTAL FMLA HOURS REMAINING	TOTAL WEEKS USED TO DATE	HOURLY RATE TIMES NUMBER OF HOURS USED THIS WEEK	AGENCY HEALTH BENEFIT COST	COST INCURRED TO TEMPORARILY REPLACE EMPLOYEE	TOTAL COST THIS WEEK	CUMULATIVE COSTS	

NUMBER OF WEEKS USED FOR THIS REPORTING PERIOD: _____

(NUMBER OF HOURS) REGULARLY SCHEDULED TOUR OF DUTY = WEEKS USED.) (FRACTIONAL WEEKS MUST BE INCLUDED.)

NOTE: THIS FORM IS TO BE USED FOR EACH PERIOD OF LEAVE TAKEN. THE PERIOD OF LEAVE MAY BE 1 WEEK, 1 HOUR, 3 WEEKS, ETC.

(Sample on Reverse)

**DISTRICT OF COLUMBIA
FAMILY/MEDICAL LEAVE USE REPORT**

REPORTING AGENCY: D.C. Office of Personnel REPORTING PERIOD: 01/01/2000 TO 12/31/2000

NAME OF EMPLOYEE: Jane Doe SOCIAL SECURITY NUMBER: 000-00-0000

TITLE/SERIES: Personnel Management Specialist, DS-301 GRADE/STEP: 11/2 SALARY: \$37,776 HOURLY RATE: \$18.16

IF LEAVE WITHOUT PAY, CONTINUE HEALTH BENEFITS: YES ☒ NO ☐ HEALTH BENEFIT CODE: 000 AGENCY WEEKLY COST: \$31.08

TYPE OF LEAVE: FAMILY ☒ MEDICAL ☐ REASON FOR LEAVE: adoption of child

FMLA 24-MONTH PERIOD: 02/25/1998 TO 02/24/2000 TOUR OF DUTY HOURS / FMLA ENTITLEMENT HOURS: 40 / 640

WEEK ENDING PERIOD	LEAVE						FMLA LEAVE				AGENCY COSTS					NOTES
	ANNUAL LEAVE	SICK LEAVE	LEAVE WITHOUT PAY	COMPENSATORY TIME	LEAVE BANK HOURS	TOTAL HOURS USED	FMLA HOURS PREVIOUSLY USED	FMLA HOURS USED TO DATE	TOTAL FMLA HOURS REMAINING	TOTAL WEEKS USED TO DATE	HOURLY RATE TIMES NUMBER OF HOURS USED THIS WEEK	AGENCY HEALTH BENEFIT COST	COST INCURRED TO TEMPORARILY REPLACE EMPLOYEE	TOTAL COST THIS WEEK	CUMULATIVE COSTS	
01/08/2000	8			32		40	520	560	80	14	\$726.40	\$31.08		\$757.48	\$757.48	
01/15/2000			20	20		40	560	600	40	15	\$726.40	\$31.08		\$757.48	\$1,514.96	
01/22/2000			40			40	600	640	0	16	\$726.40	\$31.08		\$757.48	\$2,272.44	

SAMPLE

NUMBER OF WEEKS USED FOR THIS REPORTING PERIOD: 3

(NUMBER OF HOURS) REGULARLY SCHEDULED TOUR OF DUTY = WEEKS USED.) (FRACTIONAL WEEKS MUST BE INCLUDED.)

NOTE: THIS FORM IS TO BE USED FOR EACH PERIOD OF LEAVE TAKEN. THE PERIOD OF LEAVE MAY BE 1 WEEK, 1 HOUR, 3 WEEKS, ETC.

**DISTRICT OF COLUMBIA
ALTERNATIVE EMPLOYMENT RECORD**



AGENCY: _____

Employee's Name	Title/Series/Grade	Alternative Employment Title/Series Grade	Date of Alt. Employment		Total Number of Weeks
			From	To	

EMPLOYEE HEALTH BENEFITS (FEHB AND DCEHB) OPTIONS WHILE IN NONPAY STATUS

Name of Employee: _____ Date: _____

You must respond within 31 days (45 days for employees residing overseas) of this notice or your health benefits enrollment will automatically terminate.

Each pay period you are enrolled in either the Federal Employee Health Benefits (FEHB) Program or the D.C. Employee Health Benefits (DCEHB) Program, you are responsible for payment of the employee share of the premium. When you enter nonpay status, or your pay is insufficient to cover the premium, you must:

- terminate the enrollment; or
- continue the enrollment and agree to pay the premium or incur a debt.

TERMINATING THE ENROLLMENT

If you elect to terminate your enrollment (or the enrollment automatically terminates), the termination will take effect at the end of the last pay period in which premiums were withheld from pay. FEHB or DCEHB coverage, as applicable, will continue at no cost to you for an additional 31 days after the date of termination. During the 31 days, you and your covered family members may convert to a nongroup contract. Termination is not considered a break in the continuous coverage necessary for continuing FEHB or DCEHB coverage into retirement. However, the period during which the termination is in effect does not count toward satisfying the required 5 years of continuous coverage. When you return to pay and duty status, or at the end of the first pay period your pay becomes sufficient to cover your premium, you must reenroll within 31 days if you want FEHB or DCEHB coverage.

CONTINUING THE ENROLLMENT AND AGREEING TO PAY THE PREMIUM; INCURRING A DEBT

If you elect to continue your coverage, you must elect to pay the premiums directly or to incur a debt in the amount of the unpaid premiums. If you elect to pay directly, mail a check or money order payable to the **"D.C. Treasury."** Include on the check your name, social security number, a note that the payment is for "FEHB premium" or "DCEHB premium," as appropriate, and the pay period for which the payment is being made. Mail to your personnel office.

If you elect to incur a debt, or if you elect to pay directly but fail to pay the entire amount due, you will receive a notice stating the total amount due. The notice will be sent when you return to pay status, your pay becomes sufficient, or you separate from employment. By electing to continue coverage you agree to repay the resulting debt in full and to allow the debt to be collected by withholdings from any salary payments to you from the D.C. government. If the amount due cannot be withheld in full from salary, it will be recovered from a lump sum payment of accrued leave, income tax refunds, amounts payable under the Civil Service Retirement System or Federal Employees Retirement System, or any other source normally available for the recovery of a debt due the United States.

Please check the appropriate space(s) below, sign, and return this notice to your agency.

After reading and understanding the above, I elect to:

☐ Continue the enrollment (Check one): _____ Submit direct payments _____ Incur a debt

Signature: _____ Date: _____

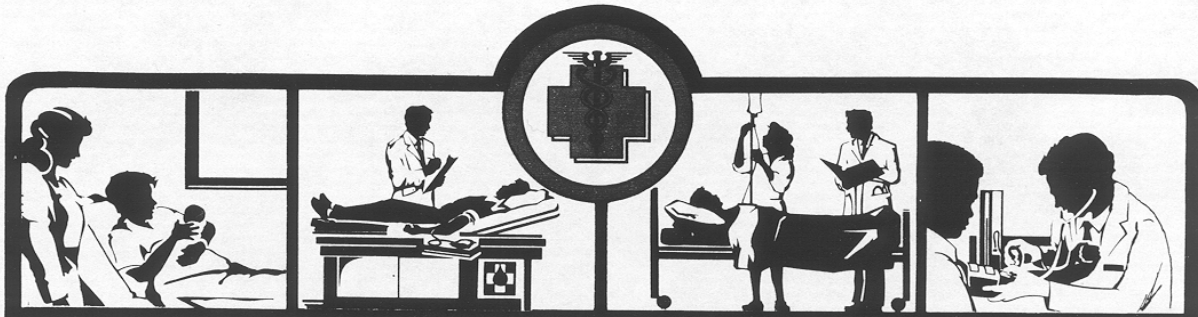
☐ Terminate the enrollment. Signature: _____ Date: _____

Refer questions to: Alicia J. Davis, Employee Benefits Specialist, D.C. Office of Personnel, Office of Compensation and Benefits, at (202) 442-9655.

To be completed by the agency:

Employee's SSN: _____ Employee's Agency:

Employee's Health Benefit Code: _____ Leave Without Pay Begin Date:



EMPLOYEES' RIGHTS UNDER THE DISTRICT OF COLUMBIA FAMILY AND MEDICAL LEAVE ACT OF 1990

The District of Columbia Family and Medical Leave Act of 1990, D.C. Law 8-181, requires, effective April 1, 1991, all employers of 20 or more employees in the District of Columbia to provide up to 16 weeks of unpaid family leave:

- for the birth of a child, adoption or foster care
- to care for a seriously ill family member

and up to 16 weeks of unpaid medical leave:

- to recover from a serious illness rendering the employee unable to work for a total of 32 weeks during a 24-month period.

During the period of leave, an employee shall not lose any employment benefits such as seniority or group health plan coverage.

The employer may require medical certification and reasonable prior notice when applicable.

The Act applies to employees who have worked for the employer for one year without a break in service and who have worked at least 1000 hours during the last 12 months. Employers may have leave policies which are more generous than those required by the Act.

A COMPLAINT CONCERNING A DENIAL OF RIGHTS UNDER THIS ACT MUST BE FILED WITHIN ONE YEAR OF THE OCCURRENCE OR DISCOVERY OF THE VIOLATION

For answers to questions concerning the Act or to file a complaint under the Act, contact:

Government of the District of Columbia

Office of Human Rights and Local Business Development

441 4th Street, N.W., Suite 970, Washington, D.C. 20001
Telephone (202) 727-3900 • FAX: (202) 724-3786

This poster must be posted in a conspicuous place at the place of employment (D.C. Code 36-1311).

NOTE: EMPLOYEE MUST REQUEST FMLA LEAVE

Anthony A. Williams, Mayor



Charles F. Holman
Director